

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10597363

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		—	—		
2		1	—	—		
3			—	—		
4			—	—		
5		4	—	—		
6			—	—		
7			—	—		
8		8	—	—		
9		8	—	—		
10	1		—	—		
11		1	—	—		
12		2	—	—		
13		2	—	—		
14		2	—	—		
15		2	—	—		
16		2	—	—		
17		2	—	—		
18		2	—	—		
19		2	—	—		
20		2	—	—		
21	1		—	—		
22		1	—	—		
23			—	—		
24			—	—		
25			—	—		
26			—	—		
27			—	—		
28			—	—		
29			—	—		
30			—	—		
31			—	—		
32			—	—		
33			—	—		
34		1	—	—		
35			—	—		
36			—	—		
37			—	—		
38			—	—		
39			—	—		
40			—	—		
41			—	—		
42		1	—	—		
43			—	—		
44			—	—		
45			—	—		
46			—	—		
47			—	—		
48			—	—		
49			—	—		
50			—	—		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
					3	
					27	
					30	